

-- PROFILE MATCHES AND SCORES --

Scale	Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:		8-9/9-8	8-9/9-8 (6)
Coefficient of Fit:		.85	.87
Scores:	? (raw)	197	
L	65	48	49
F	64	87	93
K	41	39	38
Hs (1)	68	60	57
D (2)	57	56	52
Hy (3)	66	53	49
Pd (4)	62	64	61
Mf (5)	66	52	52
Pa (6)	79	67	74
Pt (7)	79	66	63
Sc (8)	86	81	81
Ma (9)	85	84	86
Si (0)	64	53	51
Mean Clinical Elevation:	72	66	65
Ave age males:		29	27
Ave age females:		33	33
% of male codetypes:		2.6%	1.1%
% of female codetypes:		2.4%	1.1%
% of males within codetype:		69.6%	67.8%
% of females within codetype:		30.4%	32.2%

Configural clinical scale interpretation is provided in the report for the following codetype(s):

8-9/9-8

-- CONFIGURAL VALIDITY SCALE INTERPRETATION --

This validity scale configuration is usually obtained by individuals who are naive and unsophisticated, but are trying to underreport psychopathology. Individuals who obtain this configuration usually have limited education and come from lower socioeconomic classes. Elevations on Scales 1, 2, and 3 are to be expected. These individuals are usually poor candidates for psychological interventions.

This configural interpretation should be the primary source of interpretive hypotheses for the L, F, and K validity scales. Individual validity scale hypotheses, however, are also presented in the following section.

-- VALIDITY SCALES --

? (raw) = 197

This profile is very likely invalid and probably should not be interpreted because the number of unanswered items is greater than 30.

L T = 65

L scores in this range are suggestive of individuals who may be defensive, lack insight, and be slightly more conforming and moralistic than usual. They may have a tendency to repress or deny problems and unfavorable traits.

F T = 64

F scores in this range are considered to be moderately elevated and suggest the possibility of significant psychological and emotional problems. Individuals who obtain scores in this range are likely to be described as moody, changeable, dissatisfied, opinionated, restless, unstable, and self-critical.

K T = 41

Scores in this range indicate limited personal resources and open acknowledgment of significant psychological distress. These individuals are likely to have a relatively poor self-concept, to be strongly dissatisfied with themselves but lacking the skills necessary to change their situation, to be self-critical, and/or to be extremely open and revealing. Scores in this range may also reflect low ego strength, a lack of insight into one's self-motivation and behavior, and ineffectiveness in dealing with the problems of daily life. Prognosis for psychological intervention is usually guarded.

-- CONFIGURAL CLINICAL SCALE INTERPRETATION --

8-9/9-8 Codetype (High Match)

Clinical Presentation:

These individuals exhibit serious psychopathology. They often are first seen in an acute state of hyperactivity, excitement, confusion, and disorientation. They are likely to be emotionally labile, demanding, hostile, irritable, evasive, suspicious, and distrustful. They may have difficulty concentrating and thinking clearly. Their thinking may be autistic, retarded, and circumstantial, and they may exhibit evidence of delusions and hallucinations. A mood disorder with psychotic features should be ruled out.

Their behavior may be unpredictable and they may act out unexpectedly. Their judgment and reality testing may be quite poor. They may also have poor sexual adjustment. In response to stress, these individuals are likely to become more disorganized and agitated and/or engage in more daydreaming and fantasy. They are very prone to abuse substances.

These individuals often have a high need for achievement although the disorganized quality of their life often leads to poor accomplishment of their goals, giving rise to blame and self-condemnation. They also often have a high need for attention and become resentful and angry when their demands for attention are not met.

Although these individuals may exaggerate their self-worth and appear boastful and egocentric, their self-concept is actually quite poor and they often feel inferior and inadequate.

These individuals are fearful of relating to others; consequently, close relationships are usually lacking. When present, they are often marked by distrust, suspicion, and anger.

Treatment:

The prognosis is generally poor; however, psychopharmacologic intervention may be helpful in reducing agitation. The difficulties these individuals experience in focusing on specific issues and their fear of relating to others often precludes good therapeutic contact and outcome.

Possible Diagnoses:

Axis I - Rule Out Mood Disorders
Manic Episode
Hypomanic Episode
Rule Out Schizoaffective Disorder

Axis II - Rule Out Borderline Personality Disorder
Rule Out Schizotypal Personality Disorder

-- CLINICAL SCALES --

Hs (1) T = 68

Scores in this range are frequently obtained by individuals who are expressing excessive concern about the functioning of their bodies and are endorsing multiple vague somatic complaints. These individuals are typically self-centered, dissatisfied, demanding of attention, complaining, and generally negative and pessimistic. They may use their somatic complaints to control and manipulate others. The prognosis for either psychological or medical intervention is guarded. Conservative medical treatment is usually recommended. These individuals are highly skilled in frustrating and sabotaging the help of others and will often "shop" for physicians and/or therapists. Exceptions are individuals with multiple bonafide physical disorders of both chronic and acute nature.

D (2) T = 57

Scores in this range are considered to be within normal limits.

Hy (3) T = 66

Scores in this range are frequently obtained by individuals who develop physical complaints in response to stress and may use their complaints to avoid responsibility. These individuals are often naive, immature, self-centered, and deny any psychological problems. They lack insight concerning the causes of their symptoms and their own motives and feelings. They are frequently very demanding of affection and support, and may use indirect and manipulative means to get attention and affection. Their social relationships are often superficial and immature. They are resistant to psychological interpretations and treatment, and any form of psychological intervention will be difficult. These individuals often look for simplistic, concrete solutions to their problems -- solutions that do not require self-examination. Individuals who obtain elevated scores on this scale are unlikely to be seen as psychotic.

Pd (4) T = 62

Scores in this range are often obtained by individuals who are sincerely concerned about social problems and issues or are responding to situational conflict or crisis. Scores in this range are common among adolescents and may be reflective of their striving for independence.

Mf (5) T = 66

Scores in this range are typically obtained by males who have an interest in aesthetics and may be rather passive. This is the typical range for most college-educated males in the liberal arts. Elevations in this range are sometimes associated with acute neurotic conflicts marked by passivity and inability to find acceptable solutions to situational problems.

Pa (6) T = 79

Scores in this range are frequently obtained by 1) individuals who are suspicious, hostile, and feel as if they are being mistreated, or by 2) individuals who are hypersensitive to the reactions of others. The Dominance (Do) Scale is helpful in distinguishing between these groups of individuals -- high Do scores indicating the first group and low Do scores indicating the second group. Individuals in both groups will often blame others for their difficulties. The first group of individuals may manifest psychotic behavior and a thought disorder may be readily apparent. Ideas of reference and delusions of persecution also may be present.

Pt (7) T = 79

Scores in this range are typically obtained by individuals who are worried, anxious, tense, and experiencing emotional discomfort. They may experience irrational fears and typically ruminate about their problems. Disabling guilt feelings may be present. Agitation may develop. These individuals worry excessively and may have problems in concentration. Obsessions and compulsions are common.

Sc (8) T = 86

Scores in this range are suggestive of serious psychopathology including confused thinking, distorted perceptions and other psychotic processes. Difficulties in logic and concentration, impaired judgment, and the presence of a thought disorder should be evaluated. Be sure that measures of consistency and accuracy of item endorsement are within acceptable ranges.

Ma (9) T = 85

Scores in this range typically are obtained by individuals who are described as overactive, have difficulties in concentrating and attending, and find it difficult to relax. They often are quite creative people who start many projects but find it difficult to see them through to completion. As the elevation on this scale increases, there is the increasing probability that the individual is likely to be seen as emotionally labile, impulsive, experiencing flight of ideas, restless, and exhibiting manic features. They may also exhibit maladaptive hyperactivity, grandiosity, verbosity, irritability, unpredictability, and insufficient inhibitory capacities.

Si (0) T = 64

Scores in this range usually are obtained by individuals who prefer to be alone or with a small group of friends. They are likely to be reserved in new social situations.

-- ADDITIONAL SCALES --

No additional scales were selected for interpretation by the user.

END OF REPORT

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: Lily Galanow AIS #: 238721 R/S Kom
Date: 1/27/00 DOB: [REDACTED] AGE: R
Beta II 72 A WAIS / / WRAT-RL -30 Last School 9
Grade Completed
MMPI Welsh Code 9167135042/L-F-16 Megargee Type [REDACTED]

General Appearance

- a. Neat and generally appropriate c. Flat or avoiding interaction
 b. Poorly groomed d. Sad or worried
 e. Other _____

I. Interpersonal Functioning

- a. Normal-good relationships likely d. Lacks skill or confidence
 b. Withdrawn / apparent loner e. Probably difficult to get along with
 c. Likely to ignore rights / needs *Other (Specify) _____ 1. _____ 2.
____ 3. ____ 4. ____ 5. ____ 6. (See Copy) _____

II. Personality

- a. Healthy d. Explosive
 b. Antisocial e. Dependent
 c. Paranoid f. Passive-Aggressive

Other (Specify): _____ 1. Schizoid _____ 2. Schizotypal _____ 3. Histrionic _____ 4. Narcissistic
_____ 5. Borderline _____ 6. Avoidant _____ 7. Compulsive _____ 8. Atypical/mixed _____

III. Substance Abuse

- a. Alcohol addiction / abuse history No regular use

b. Drug addiction / abuse history No use

G.W.

N-259

White to Central Records File
Yellow to Institutional File
Pink to Hospital Records

*See manual for selections and numbers for "other"

Psychological Interview / Data Ent., Form
Page Two

c. Current use _____

d. Current addiction _____

*Other 1. 2. 3. 4. 5. 6. 7. 8.

9. (See Copy) _____

IV. Emotional Status

a. No significant problems _____

b. Depressed _____

c. Anxious or stressful _____

d. Angry or resentful _____

e. Confusion or psychotic symptoms _____

f. Mood disturbances _____

g. Sexual maladjustment _____

h. Paranoid ideation _____

i. Sleep / appetite disorder _____

*Other 1. 2. 3. 4. 5. 6. 7. 8.

9. (See Copy) _____

V. Mental Deficiency

a. Mild d. Borderline

b. Moderate e. Organic impairment
suspected

c. Severe f. Memory deficit

Remarks: *Depression* *Borderline* *Organic impairment suspected* *Memory deficit*

Psychological Interview / Data Entry Form
Page Three

VI. Management Problems

Ideation	<input type="text"/>
a. Suicide potential	Plans _____ History of attempts / gestures <u>None</u>
b. Serious mental history (specify)	<input type="text"/>
c. Impulsive / acting-out behaviors predicted	<input type="text"/>
d. Authority conflict	<input type="text"/>
e. Manipulative / untrustworthy	<input type="text"/>
f. Easily victimized	<u>Emmett, Juvenile</u>
g. Escape potential	<input type="text"/>
h. Assaultiveness	<u>Worked at home in Montgomery Aligned</u> <u>and, don't see fight</u>

*Other 1. 2. 3. 4. 5. 6. 7. 8. 9. (See Copy)

VII. Educational Needs

a. ABE b. Special Education c. Trade School d. Jr. College

VIII. Mental Health Needs

Date referred Month Year

- | | | |
|--|--|--|
| <input type="checkbox"/> A. Refer to psychiatric service | <input type="checkbox"/> C. Depression | <input type="checkbox"/> K. Personal Development |
| <input type="checkbox"/> B. Substance abuse counseling | <input type="checkbox"/> E. Sexual adjustment | |
| <input type="checkbox"/> D. Stress management | <input type="checkbox"/> G. Anger induced acting out | |
| <input type="checkbox"/> F. Reality therapy | <input type="checkbox"/> I. Self-concept enhancement | |
| <input type="checkbox"/> H. Values clarification | <input type="checkbox"/> J. Healthy use of leisure | |

RECOMMENDATIONS / REMARKS:

Refusing services. Recommend
Drop in for ABE
in June.

W. B. B.
Signature

8/27/06
Date



Referral to Mental Health

Inmate Name:	ID #:	Location:	DOB:
<u>Boyd, Courtney</u>	<u>208921</u>	<u>Bbb</u>	<u>[REDACTED]</u>

Reason for Referral

 Crisis Intervention

Family problems: _____

Problems with peers: _____

Recent stress: _____

Other: CRNP required

 Evaluation of Mental Condition

- | | | |
|---|---|--|
| <input type="radio"/> Suicidal
<input type="radio"/> Homicidal
<input type="radio"/> Mutilative
<input type="radio"/> Hostile, angry
<input type="radio"/> Other inappropriate behavior | <input type="radio"/> Anxious
<input type="radio"/> Depressed
<input type="radio"/> Withdrawn
<input type="radio"/> Poor hygiene | <input type="radio"/> Physical complaints
<input type="radio"/> Sleep disturbance
<input type="radio"/> Hallucinations/delusions
<input type="radio"/> Suspicious |
|---|---|--|

Evaluation of Need for Psychiatric Intervention

History of Psychotropic Medication prior to Intake

Other _____

Comments:			

Referred by:	<u>Stella</u>	Department:
	<u>NSS 2659/02</u>	
	Date:	

Mental Health Follow-up: Evaluation / Treatment / Disposition

Seen + file reviewed

S: I filed a lawsuit.

O Several such calls re heart disease, GI sx.
Has had a lot of medical eval → no serious Axis III
Condition. Hence, referred to MH. Mental status
unremarkable. No thoughts or affect disorder.

A as 6-Jun-01. Code NONE

P reassurance. Procedure RT 5 wh

Follow-up by:	Date:	Time:
<u>Emmutham MB</u>	<u>4/8/03</u>	

Referral to Mental Health

INTER-DISCIPLINARY PROGRESS NOTES

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Courtney Boyd	2089 21	20 B/m		Shalon

INTE. DISCIPLINARY PROGRESS NOTE

DATE	TIME	NOTES	SIGNATURE
5/29	10:00	<p>S Inmate had no real issues to address.</p> <p>O. Appeared stable</p> <p>A. Malingering.</p> <p>P. To reassure inmate of his mental fitness and encourage positive thinking.</p> <p>Do Not Need Mental Health services at this time.</p> <p>Neal Phillips, Ph.D.</p>	
125/02	10:00AM	<p>ON THIS DATE INMATE COURTNEY BOYD COMPLETED FOUR ONE HOUR GROUP SESSIONS DEALING WITH STRESS MANAGEMENT. INMATE TSAYD EARNED A CERTIFICATE OF ATTENDANCE.</p> <p>DR. NEAL PHILLIPS</p>	
7/19/02	9:00	<p>Q Individual was in session.</p> <p>Complained of being rejected by his family. Has not had a visit for several months. Is feeling sad but putting on a coping front.</p> <p>O. Inmate smiled, looked pale (in summer)</p> <p>A. Mood Disorder (Depression)</p> <p>P. To encourage verbalization of mood</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Courtney Boyd	208921	20	B/M	Sharon

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
03/28/02	10:00	<p>S. Inmate requested to talk about his stress level. He talked about his work release status, talked about finances and about his health.</p> <p>O he was very talkative, and seeking</p> <p>A mild symptom of anxiety</p> <p>P. To allow inmate to talk out his anxiety, and reduce his anxiety.</p> <p>Paul Phillips, Ph.D.</p>	
4/2/02	9:00	<p>Inmate attended therapeutic group sessions' communication. He expressed his need due to the difficulty he has staying out of trouble and getting others angry with him.</p> <p>Paul Phillips, Ph.D.</p>	
4/25	9:00	<p>Inmate attended group today; he was not as constant as he would like because of other commitments.</p> <p>However, he has participated and will</p> <p>Paul Phillips, Ph.D.</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Courtney Boyd.	208921	20	Y/M	Staten

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
10/25/01	9:00	<p>Group session</p> <p>Brain stimulation session included but was not limited to stimulating activities as word building first from three to five letter words. The inmates were encouraged to play "scrabble" and build as many words as possible. This was their first session and each member participated.</p> <p>Inmate Boyd, Courtney whose problem is poor focusing ability experienced same, he was redirected to focus on word building each time he wanted to talk about his problems.</p> <p>Frank Shillito, M.A.</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Boyd, Courtney		18	B/M	Stetson



Referral to Mental Health

Inmate Name:	ID #:	Location:	DOB:
<u>Bryd Courtney</u>	<u>208 921</u>	<u>Station</u>	<u>10 8521</u>

Reason for Referral
Crisis Intervention

- Family problems: _____
- Problems with peers: _____
- Recent stress: _____
- Other: _____

Evaluation of Mental Condition

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Anxious | <input type="checkbox"/> Physical complaints | <input type="checkbox"/> Impassivity |
| <input type="checkbox"/> Homicidal | <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep disturbance | <input type="checkbox"/> Grandiosity |
| <input type="checkbox"/> Mutilative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/delusions | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Hostile, angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious | |
| <input type="checkbox"/> Other inappropriate behavior | | | |

Evaluation of Need for Psychiatric Intervention
History of Psychotropic Medication prior to Intake
Other

Comments: Refer to Mental Health - Repeated Complaints of chest pain - Clogged heart. No evidence of problems.

Referred by:

Department:

Date:

Mental Health Follow-up: Evaluation / Treatment / Disposition

Inmate was seen 9/11/01. He talked about his family and stated that he is worried about his mother. He has not seen or heard from her for two years. Inmate was allowed to express his feelings. He was smiling when he left and would be seen as needed. No real signs of mental issues.

Follow-up by:

Date:

Time:

ABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

STATION C.F.
(03-187)

Inmate Name: Carey Ray AIS# 20891 Date of Referral: 8/22/01

REASON FOR REFERRAL:

- CRISIS INTERVENTION Please see Establishing regular
 Family problem: consistency if possible. To handle
 Problems with other inmates: is impulse, immature and lacks
 Recent stress: structure
 Other: Difficulty in maintaining focus

EVALUATION OF MENTAL STATUS

- | | | |
|--|---|---|
| <input type="checkbox"/> Suicidal | <input checked="" type="checkbox"/> Anxious | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Homicidal | <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Mutilative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/delusions |
| <input type="checkbox"/> Hostile, angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Other inappropriate behavior: <u>mildly</u> | | |

EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION

HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER (None reported)

OTHER: _____

COMMENTS:

19, Blm, serving 20y, sentence for
Robbery I (3/05 parole date) Borderline To, Illiterate

Referred by: Dee D. Orvis

Phone Contact #:

567-1564

Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Inmate ~~was~~ seen, said that he can stay focus
 he also said that there is no real reason to
 continue follow up ~~with this inmate~~.

This inmate appears to be comfortable, happy and would like just
 to talk, might be homesick, no psychological problems at present.

Follow-Up by:

Date: 8/28/01

130

Inmate Name

AIS #

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name BOLD. Courtney I.D. # 208921 Institution DCC

DATE	TIME	NOTES	SIGNATURE
6/16/01		<p>Pt seen because of referral by medical staff because of comfort reports for palp-call with complaint about his heart. Pt denies ever being seen by physician. Note indicate pt seen by physician in Feb and by June psychiatrist in May. Pt now denies any heart problem and only physical symptoms. At best slight. Tachycardia. History of everyone</p> <p>Axial I: None</p> <p>Axial II: P2 (very sharp)</p> <ul style="list-style-type: none"> ① No psychiatric treatment indicated. ② Hold responsible for behavior. ③ Flu PDR 	
6/16/01	2:00	<p>Inmate was seen in a small group session. No signs of depression. Group plan to work on activity therapy working together as a group and individually at time convenient to each member. Sessions will commence 8:30 AM Mondays.</p> <p>Nevel Phillip, Ph.D.</p>	

REFERRAL TO MENTAL HEALTH

Sci

INMATE NAME:

Courtney Boyd

ID #: 208921

LOCATION: AZ-2T

DOB: / /

REASON FOR REFERRAL:

 CRISIS INTERVENTION

() Family problems:

() Problems with peers:

() Recent stress:

() Other:

Please assess re/ mental status per
 request of Dept. Education. Ocular IEP
 Loss of contact w/ mother X 6/12/01
 Removal from AFB
 Unrealistic goals for future

 EVALUATION OF MENTAL CONDITION

() Suicidal

() Homicidal

() Manic

() Hostile, angry

() Other inappropriate behavior

() Anxious (Gull)

() Depressed

() Withdrawn

() Poor hygiene

Physical Complaints
 Sleep Disturbances
 Hallucinations/Delusions
 Suspicious

Vague CIO Muscle spasms

 EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE

(none reported)

 OTHER

Some reported use of alcohol, marijuana

COMMENTS:

19, B/m, serving 30 yr sentence for Robbery
 Borderline IQ, ASPD, Developmental retardate

Referred by:

Steve D. Connell

Department:

Date:

Psych 6/5/01

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Was seen 06/06/01.
 by Dr. Bell. Copy
 sent to Mr. Burns @ Staton

Follow-up by:

Date:

Time:

PHYSICAL ASSESSMENT

KCF
Institution

INMATE NAME: <i>Bond, Courtney</i>		VITAL SIGNS HT <u>5'8</u> WT <u>118</u> BP <u>70/98</u> PULSE <u>76</u> RESP <u>20</u> TEMP <u>98</u>	
TYPE OF ASSESSMENT: INITIAL OTHER			
FAMILY HISTORY: (M/FATHER, W/MOTHER, B/BROTHER, S/SISTER) TB _____ HEPATITIS _____ HIV+ _____ HYPERTENSION _____ CANCER _____ ASTHMA _____ EPILEPSY _____ ANEMIA <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> A KIDNEY DISEASE _____ SICKLE CELL _____ SEIZURES <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> A MENTAL ILLNESS _____ DIABETES _____ HEART DISEASE _____ OTHER _____			
PHYSICAL ASSESSMENT			
Normal/Not Present Please	✓	Abnormal/Comment	FEMALES ONLY
SKIN: Color Condition Turgor Recent Injury Tattoos Scars	<i>WNL</i>		PELVIC EXAM: Pap Smear Gonorrhea Culture (Admission PE only)
HEAD: Hair Scalp (pediculi)	<i>*</i>	<i>lind Scan (L) positive</i>	IMMUNIZATION STATUS
EARS: Appearance Canals			Date last Tetanus: <u>3/20/00</u> Other
MOUTH: Throat Tongue Tonsils			TB SCREENING Current PPD: _____ Date Given: _____ Results and Date: <u>3/20/00</u> PLEASE CIRCLE Follow-up scheduled: Not Indicated Yes
NOSE: Obstruction Drainage			ORAL SCREENING
NECK: Veins Mobility Thyroid Carotids Lymph nodes	<i>WNL</i> <i>34pphr</i>		Pain/Discomfort: _____ Condition of teeth: poor <input checked="" type="checkbox"/> fair <input checked="" type="checkbox"/> good <input checked="" type="checkbox"/> Condition of gums: poor <input checked="" type="checkbox"/> healthy <input checked="" type="checkbox"/> False teeth: partial <input checked="" type="checkbox"/> plate <input checked="" type="checkbox"/> upper <input checked="" type="checkbox"/> lower <input checked="" type="checkbox"/> Oral Hygiene instructions given: <i>On</i>
CHEST (BREASTS) Configuration Auscultation Respirations Cough/Sputum	<i>WNL</i> <i>EBBS</i> <i>clear</i> <i>N/A</i>		REMARKS <i>RPR 7 done</i> <i>HIV</i>
HEART: Auscultation Radial pulse Apical pulse Rhythm	<i>WNL</i> <i>RRR</i> <i>1</i>		
ABDOMEN: Shape Bowel Sounds Palpation Hernia	<i>WNL</i> <i>gut</i> <i>soft</i> <i>r/p</i>		
SPINE	<i>✓</i>		REFERRAL
NEUROLOGICAL: Reflexes	<i>WNL</i>		
GENITAL/URINARY: Lesions Discharge	<i>N/A</i>		
RECTAL EXAM: (For 40 yrs. old and older) Hemorrhoids Anal Warts Stool for Occult Blood + -		<i>14 yr. BLC 8</i>	Assessed by: <i>J. Lange RN</i> Date: <u>3-22-00</u> Time: <i>pm</i> Physician Review: <i>J. Lange RN</i> Date: <u>3/22/00</u> Time: _____
EXTREMITIES: Pulses Edema Joints	<i>WNL</i>		

CORRECTIONAL MEDICAL SERVICES
MEDICAL HISTORY AND SCREENING

E6 KCF

Institution

Inmate Name:

Boyd, Courtney

ID #: 208 921

Race: B

D.O.B.: [REDACTED]

INMATE QUESTIONNAIRE		(circle one)	CURRENT MEDICAL CONDITIONS (✓ terms that apply)				
1. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	<input checked="" type="radio"/> No	Unconscious	<input type="checkbox"/>	Skin Infection	<input type="checkbox"/>	
2. Have you fainted or had a head injury in the past 6 months?	Yes	<input checked="" type="radio"/> No	Disoriented	<input type="checkbox"/>	Restricted Mobility	<input type="checkbox"/>	
3. Have you been seen by a doctor in the past 6 months?	Yes	<input checked="" type="radio"/> No	Intoxicated	<input type="checkbox"/>	Skin Rash	<input type="checkbox"/>	
4. Do you wear glasses or contact lenses?	Yes	<input checked="" type="radio"/> No	Lesions	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	
5. Do you have prosthesis, splint, crutches, cast or brace that you will need while here?	Yes	<input checked="" type="radio"/> No	Obvious Pain	<input type="checkbox"/>	Needle Marks	<input type="checkbox"/>	
6. Do you drink wine, beer or whiskey? How often <u>occasionally</u> How much <u>occasionally</u> Last time <u>8 months</u>	Yes	<input checked="" type="radio"/> No	Bruises	<input type="checkbox"/>	Swollen Glands	<input type="checkbox"/>	
7. Have you had seizures or blackouts when you stop drinking?	Yes	<input checked="" type="radio"/> No	Fever	<input type="checkbox"/>	Active Cough	<input type="checkbox"/>	
8. Do you use drugs? Type _____ How often _____ Last time _____	Yes	<input checked="" type="radio"/> No	Nausea	<input type="checkbox"/>	Vaginal/Penile Discharge	<input type="checkbox"/>	
9. Have you had withdrawal problems when you stop taking drugs?	Yes	<input checked="" type="radio"/> No	Uses Tobacco	<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	
10. Are you currently detoxing? If yes, from what substance?	Yes	<input checked="" type="radio"/> No	MEDICAL HISTORY (✓ terms that apply)				
11. Do you have any medical problems we should know about?	Yes	<input checked="" type="radio"/> No	Arthritis	<input type="checkbox"/>	Frequent Diarrhea	<input type="checkbox"/>	
12. Have you been in this facility before?	Yes	<input checked="" type="radio"/> No	Diabetes	<input type="checkbox"/>	Genital Sores	<input type="checkbox"/>	
13. Are you covered by medical insurance or a benefits program?	Yes	<input checked="" type="radio"/> No	Seizure Disorder	<input type="checkbox"/>	V.D.	<input type="checkbox"/>	
MENTAL HEALTH				Asthma	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
14. Have you ever been hospitalized or treated for psychiatric problem?	Yes	<input checked="" type="radio"/> No	Special Diet	<input type="checkbox"/>	HIV+	<input type="checkbox"/>	
15. Have you ever considered or attempted suicide?	Yes	<input checked="" type="radio"/> No	Heart Condition	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	
16. Are you feeling depressed or extremely sad?	Yes	<input checked="" type="radio"/> No	Hypertension	<input type="checkbox"/>	Persistent Sore Throat	<input type="checkbox"/>	
17. Do you want to hurt yourself or someone else?	Yes	<input checked="" type="radio"/> No	Stomach Ulcer	<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	
18. Are you hearing voices? If yes, what are they saying?	Yes	<input checked="" type="radio"/> No	Cancer	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	
FEMALE INMATES ONLY				Sickle Cell Anemia	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>
19. Are you pregnant? LMP _____	Yes	<input checked="" type="radio"/> No	Emphysema	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	
20. Do you use birth control? Type _____	Yes	<input checked="" type="radio"/> No	TB HISTORY				
21. Have you recently had a baby, miscarriage or abortion?	Yes	<input checked="" type="radio"/> No	Ever treated with TB drugs? <input checked="" type="radio"/> Yes <input type="radio"/> No	Previous PPD test? <input checked="" type="radio"/> Yes <input type="radio"/> No	When _____	Where _____	
Comments: (Explain "Yes" Responses)				Previous Positive Reaction? <input checked="" type="radio"/> Yes <input type="radio"/> No	Chronic Cough/Blood _____ Fever _____		
VITAL SIGNS				Recent Weight Loss _____ Night Sweats _____	Recent Appetite Loss _____ Fatigue _____		
HT _____	WT _____	BP _____	118/70	MEDICATIONS			
Pulse _____	Resp _____	Temp _____	98	Current Medications:			
DISPOSITION				None			
Referrals _____ None	Placement _____ Infirmary	ALLERGIES					
Emergency Room (Pre-booking injury)	Detoxification Setting	Medication Allergies: Yes <input checked="" type="radio"/> No <input type="radio"/>					
Emergency Room (Acute condition)	General Population	Type: _____	Other Allergies: Yes <input type="radio"/> No <input checked="" type="radio"/>				
Physician	Other	Type: _____	Time: _____				
Sick Call							

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate Signature: Courtney BoydSCREENED BY: Dallas

DATE: 3-20-00 TIME: _____

REVIEWED BY: _____

DATE: _____ TIME: _____



HEALTH EVALUATION

I. HISTORY – (LPN or RN)

Weight Change (greater 15 lbs.)
 (Compare Weight Below)
 Persistent Cough
 Chest Pain
 Blood in Urine or Stool
 Difficult Urination
 Other Illnesses (Details)
 Smoke, Dip or Chew
 ALLERGIES

YES

COMMENT(S)

140 2 yr Ago

Last weight at least 6 months ago

occ.

NKA

Weight 176# Temp 97° Pulse 84 Resp 16 Blood Pressure 110/70

If greater than > 140/60, repeat in 1 hour.

Refer to M.D. if remains > 140/90.

Eye Exam C/S 15 OD 20/20 OS 20/25 OU

II. TESTING – (LPN or RN)

Tuberculin Skin Test (q yr)

Past Positive TB Skin Test
 (Chest x-ray if clinical symptoms)

→

RESULTS

Date given 7-24-06 Site LFA

Read on 8/1/06 Results 0 mm

Survey Completed —

Date — Results —

Date 7-24-06 Results pending

N/A 11-05 12-09

Results 92

Results N/A

Date — Results —

* If > than 200 repeat Finger Stick BS within 48 hours

Optometry Exam (@ 50 if not already seen)

Mammogram

(females @ 40, q 2 yrs/other M.D. order)

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart

R/R

Lungs

cl bil

Breast Exam

Instrument

Rectal (yearly after 45)

Results N/A

with Hemoccult

Results N/A

Pelvic and PAP (q 1 yr)

Date — Results —

24

Facility East Nurse Signature Johnson R Date 2-24-06

M.D. or Mid-Level Signature J

Date 3/1/06

INMATE NAME

AIS#

D.O.B.

RACE/SEX

Boyd Courtney 288921



PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Dale Boyd

Name

M660

Relationship

284 - 70764001 Edg H/114

Street Address

374(284-7076)

Phone Number

Montgomery

City

AL

State

36116

Zip Code

Craig

Inmate Signature

20827

AIS#

SS#

Date

Trinna

Witness

7-24-06

Date

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
<u>Boyd Courtney</u>			<u>B/m</u>	<u>Eas)</u>

Revised 9/1/05



PRISON
HEALTH
SERVICES
INCORPORATED

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)

	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	+40 Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES		✓	

Weight 140 Temp _____ Pulse _____ Resp _____ Blood Pressure _____

Eye Exam: 20/20 OD 20/20 OS 20/20 OU If greater than > 140/90, repeat in 1 hour.
Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)

Tuberculin Skin Test (q yr)

Date given 12/17/04 Site QFA

Read on 12/19/04 Results 0 mm

Survey Completed _____

Date _____ Results _____

Date 12/17/04 Results _____

1-10-01 Borderline

NIA

Last Given 3-20-00 Due 2010

Site given _____ Dose _____ Lot # _____

EKG (baseline at 35, over 45 q 3 yrs)

NIA

Past Positive TB Skin Test
(Chest x-ray if clinical symptoms)



Survey Completed _____

Date _____ Results _____

Date 12/17/04 Results _____

RPR (q 3 yrs)

1-10-01 Borderline

Cholesterol (at 35 then q 5 yrs)

NIA

Tetanus/Diphtheria (q 10 yrs)

Last Given 3-20-00 Due 2010

(if done today)

Site given _____ Dose _____ Lot # _____

Optometry Exam (@ 50 if not already seen)

NIA

Mammogram

Date NIA Results _____

(females @ 40, q 2 yrs/other M.D. order)

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart

S. Sorey

Lungs

EBBS clear

Breast Exam

NIA

Rectal (yearly after 45)

Results NIA

with Hemoccult

Results NIA

Pelvic and PAP (q 1 yr)

Date NIA Results _____

Facility Station Nurse Signature _____ Date _____

M.D. or Mid-Level Signature Assister CPNP Date 12-17-04

INMATE NAME <u>Bond, Courtney</u> 60513-AL	AIS# <u>208921</u>	D.O.B. <u>Q3</u>	RACE/SEX <u>BM</u>
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DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name	<u>Michael Tyler</u>	Relationship	<u>Brother</u>
Street Address	<u>41001 Edge Hill Ln</u>		
City	<u>Montgomery</u>	State	<u>AL</u>
Inmate Signature	<u>Courtney Boyd</u>	Doc#	<u>Z08921</u>
Witness	<u>Mark G</u>	S.S.#	<u>[Redacted]</u>
		Date	<u>12-17-04</u>

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
<u>Boyd, Courtney</u>	<u>Z08921</u>	<u>[Redacted]</u>	<u>BN</u>	<u>Station</u>



DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE
PHYSICAL ASSESSMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	<hr/>	✓
TB TEST CURRENT	✓	<hr/>
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	<hr/>	✓

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: DATE: 12/17/09

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: _____ DATE: _____

EXPIRATION DATE: 2010

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
<u>Boyle, Courtney</u>	<u>208921</u>		<u>BM</u>	<u>Station</u>

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, Alabama 36130-3017

TB

Skin Test Report

County Code

Q6

Target Testing

PROJECT

7D17

CHR#

804421

Last Name

BOYD

First Name

MI

COURTNEY

Patient Home Address

STATION

City

State

Zip Code

Home Phone

SSN:		SEX:	Test Administered By:	Site Test:
Date of Birth:		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	TB Staff	Health Department
Race:	W B AI A AN H/PI O	ETHNICITY: Hispanic or Latino:	PH Nurse	Other
<input type="checkbox"/> Other				
Reason Tested:		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Health Care Worker		Foreign Born	Risk Categories:	
Medical Risk		Homeless	A	
Shelter		Jail/Prison	B	
Student		Not at Risk	C	
Occupational				

PPD ONE:

PPD TWO:

Provider#:

Lot#: 00234P

Provider#:

Lot#:

Date of Test

Antigen

Date of Test

Antigen

12 - 17 - 2004

AP TU

AP TU

Provider#:

Provider#:

Date Read

Result

Date Read

Result

12 - 19 - 2004

06 mm

Not Read

mm Not Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

TechCare**Annual Health & TB Screening Appointment**


3/21/2003

Name **BOYD,COURTNEY JAMES**
 DOC # **208921**
 Birth Date [REDACTED]

Appointment Date	3/1/2003	Refused Appointment
-------------------------	-----------------	----------------------------

TB Screening Data

Date Given **2/3/2003**
 Site Given **Left Arm**
 Lot #
 Nurse Administering **HD**
 Date Read **2/5/2003**
 Size in MM **0**
 Nurse Reading **HD**
 Previous Positive **No**

Medical Data

Current Weight **132**
 Previous Weight **130**
 Height **NA**

Blood Pressure

Recent Chest Pain **Yes**
 Kitchen Clearance **No**
 Productive Cough **No**
 Any Bleeding **No**
 Diabetic **NA**
 Diabetic Condition **NA**
 Prosthetic **NA**

Emergency Contact Data

Name **MICHAEL TYLER**
 Phone **334-284-7076**
 Address **4001 EDEG HILL LN**
MONTGOME AL 36116

Reviewer Signature: 


NAPHCARE
Annual Health and TB Screening for Inmates

Facility Bibb

Date Given: _____

Date Read 2-3-03

Site Given: _____

Size in M.M. Health dept screen
0

Lot# _____

Nurse _____

Nurse _____

Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form.

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 130

Previous Weight 130 B/P 108/80

Kitchen clearance assess. done and attached

circle

Yes or No

Yes or No

Productive cough

Yes or No

Any bleeding

Yes or No

Emergency contact Michael Tyler

Phone# 334-284-7076

Address 4001 Edg Hill Ln

Montgomery, Alabama 36116

Inmate signature Courtney Boyd

Date 3-5-03

Witness signature E. Smith

Date 3-5-03

JOB

AGE 21

Race B

SEX M

SSN

Inmate Name Courtney Boyd

AIS# 208921

HEALTH EDUCATION
FOOD SERVICE WORKER GUIDELINES

HAIRNETS

1. Put hairnet on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or hairnet when handling food.

HANDWASHING

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

SICKNESS

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

Cecilia Byrd #708921
Inmate Signature

3-5-03

Date

Nurse Signature

Date

NAPHCARE
Annual Health and TB Screening for Inmates

Facility Staton

Date Given: 3/1/02

Date Read 3/3/02

Site Given: LFA

Size in M.M. 00

Lot# 4525G260

Nurse Brock Jrn

Nurse Adwolfin Ld

Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form.

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 139 Previous Weight 143 B/P 122/84

		circle
Recent chest pain	Yes	or No
Kitchen clearance assess. done and attached	Yes	or No
Productive cough	Yes	or No
Any bleeding	Yes	or No

Emergency contact Michael Tyler Phone# (334) 284-7076

Address 4,001 Edgehill Lane

Montgomery Al. 36116

Inmate signature CJL Date 3/1/02

Witness signature Amelia Ln Date 3/1/02

DOB [REDACTED] AGE 20 Race B SEX M SSN [REDACTED]

Inmate Name Boyd, Courtney AIS# 20 8921

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse) YES NO COMMENTS

- Weight Change (>15 lb.) Last Weight at least 6 mo.'s.
 (Compare Weight Below) ago: _____
 Persistent Cough
 Chest Pain
 Blood In Urine or Stool
 Difficult Urination
 Other Illnesses (Details)
 Smoke, Dip or Chew
ALLERGIES

Weight 143 Temp. 97.7 Pulse 80 Resp. 20 B.P. 120/80
 Eye Exam: Without Glasses OD 20/20 OS 20/20 OU 20/20
 With Glasses OD OS OU

II. TESTING - (Nurse) RESULTS

- Tuberculin Skin Test (q yr.) Date Given 3/3/01 Site L410
 (chest x-ray if clinical symptoms) Read On 3/9/01 Results 0 mm
 RPR (q 3 yrs.) Date 3/20/01 Results NR
 Urine Dip (yearly) Results PRO + 30 U/eo 1 Bilt+
 (Glu., Pro., RBC., WBC.) 3/3/01 Abnormal
 EKG (baseline at 35, over 45 q 3 yrs.) 1/10/01 borderline
 Cholesterol (at 35 then q 5 yrs.) N/A
 Tetanus/Diphtheria (q 10 yrs.) Last Given 3/20/00 Due 2010
 If Done Today: Site Given Dose Lot #
 Mammogram - (Annually - Females > 49) Date Done N/A Results _____

III. PHYSICAL RESULTS

- Heart R/R
 Lungs Clear
 Breast (q 2 yrs. p 30) Date N/A Results _____
 Rectal (yearly p 45) Results N/A Hemocult _____
 Pelvic and PAP (q 1 yr.) Date N/A Results _____

Inmate Name Beyd, Courtney AIS # 208921
 DOB 12-11-81 Age 19 Race 0 Sex M SSN 423 11 4504
 Emergency Addressee Dellrose Toole Phone # 3342847076
 Address 48001 Edithill Lane Monticello
 Facility DCC Nurse Signature CH Smith LPN Date 3/3/01
 Physician Signature BL Day Jr MD Date 3/13/01
1100

TUBERCULIN PPD FOR INMATES

INITIAL SKIN TEST	
Date Given:	<u>3-6-01</u>
Site Given:	<u>LFA</u>
Lot #:	<u>CD148AA</u>
Nurse:	<u>Alli Smith Jr</u>
Date Read:	<u>3/14/01</u>
Size:	<u>8</u> mm

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Courtney Tye
Inmate Signature

3-6-01
Date

Alli Smith Jr
Witness Signature

3/6/01
Date

INMATE NAME:	ID#:	RACE:	LOCATION:
<u>Beyd, Courtney</u>	<u>208921</u>	<u>Bm</u>	<u>SAC</u>

CORRECTIONAL MEDIC. SYSTEMS
RELEASE OF RESPONSIBILITY

Boyd Courtney
Name of Inmate

3/3/01 12:15
Date/Time

208921 [REDACTED]
Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

PPD Shot Afraid of (needles)

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Systems, its employees and agents from all responsibility and ill effect which may result from this action.

Courtney Bush
Inmate Signature

3/3/01 12:15
Date/Time

Att Smith Jr
Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Witness

Witness

Date/Time

ALABAMA DEPARTMENT OF CORRECTIONS**PROBLEM LIST**

INMATE NAME Beyd, Courtney AIS# 208921

Medication Allergies: NKA

Medical: Chronic (Long-Term) Problems
Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
8/22/05	1% lower back pain since 2003			
	No Physical Assault			

**If Asthmatic label: Mild – Moderate – or Severe.



20892

Name: Beyd, Courtney

Master Problem List

Date of Birth:

NKDA

PROBLEM LIST

Name Boyd, Courtney
ID# 208921

D.O.B. _____

Medication Allergies

NLA